PLACE OF BIRTH	
1. County of Ma	ARIZONA STATE BOARD OF HEALTH
District of	BUREAU OF VITAL STATISTICS
Town of Mann ORI	State index No.
or	County Regutrar No. / V.
City of	No.5 42 Davis Canon St Ward
O O (If birt	h occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Uluca Ca	if child is not yet named, make supplemental report, as directed.
To be answered UNLY	win, triplet or other
Temale births. 5. N	vo., in order of birth long war
s. FATHER	14. MOTHER
Full name (DD) 00 a 1	Full maiden name
Vhillipe Cash	llo wa Mendy
9. Residence (Usual place of abode) Ma	15. Residence (Usual place of abode) Wight
If nonresident, give place and state	Tyona If nonresident, give place and state Arreona
10. Color or race	16. Color or race
2000	
Mey. 11. Age at last birthday.	(Years) Mot 17. Age at last birthday 23 (Years)
12. Birthplace (city or place) Chehna	hua 18. Birthplace (city or place) Chihuahua
(State or country)	est (State or country) West
13. Occupation	19. Occupation
Nature of industry	Nature of industry /
- Miner	Storage 18
	alive and now living 21. Were precautions taken against epa-
(Taken as of time of birth of child herein (b) Born certified and including this child.) (c) Stillbo	alive but now dead thalmin neonatorum? Yes
CERTIFICATE OF	ATTEMPINE
i nereny certify that I attended the birth of this child, who was at A me at the data share stated	
*When there was no attending physician as	
midwife, then the father, householder, etc., Signat should make this return. A stillborn child	
is one that neither breathes nor shows other evidences of life after birth.	(Physician or midwire)
Given name added from a supplemental report	The state of the s
Month, day, year.	/- 4 Registrar.
Registrar.	Filed 1910 100 100
136-1220-549	
1.50	<i>(4d 0/549)</i>

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